PTO/S8/06 (08-03)
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to a collection of information unless it displays a valid OMB control number.

		TENT APP	LICATION		DET	ERMINATION			mormation an		ays a valid DMB	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									ENTITY	OR	OTHER THAN SMALL ENTITY	
Γ	FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BASIC FEE (37 CFR 1.16(a))						1		1	OR	1	1	
T	OTAL CLAIMS D7 CFR 1.16(c))		minus	20			1	X 3 =		OR	x s =	
11	DEPENDENT CLA	UMS		-			1		 	1		
_							┨	X 5 =	 	OR	× s=	 -
MULTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.16(d))							J	+ \$=	 	OR	<u>+;</u>	
	" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
	C	CLAIMS AS A	MENDE	D - PAR	TH							
ź	-35-25 (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR -	OTHER THAN SMALL ENTITY		
A TNE	117-7	CLAIMS REMAINING AFTER AMENDMEN	ı	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total (37 CFR 1.16(c))	12	Minus	12	$\overline{\mathcal{O}}$	=		x : 25 =		OR	x 50 =	
AMENDMENT	Independent (37 CFR 1.16(b))	. /	Minus	""	3	3		x \$/00 =		OR	x s 200=	
	FIRST PRESEN	TATION OF MULTI	LE DEPENI	DENT CLAIM	(37 CF	TR 1.16(d))		+1/80=		OR	+:360=	
					•		3 (TOTAL		1	TOTAL	
								ADD'L FEE	L	OR	ADD'L FEE	
_		(Column 1) CLAIMS		(Catu	mn 2)	(Column 3)	1			1 (
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR 1.15(c))	12	Minus	2	0	" —		x : 25 =		OR	× 50 =	
Ē	Independent (37 CFR 1.16(b))	. /	Minus	"	ス	*	-	x s /00=		OR	x : 200=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						ı	+s/BD=		OR	+340=	
	(09,08.06)							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column)		(Colum		(Column 3)	_					
O LA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ	Total (37 CFR 1.16(c))	•	Minus	**		=	T	x s <u>25</u> =		OR	x \$ 50 =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***			r	x : 100=		OR	x : Z00=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						t	+3/80-				
	(0.00,000)									OR _	+ 360	
	If the entry in co	lumn 1 is less the	in the entri	in column	2. write	"O" in column 3		TOTAL ADD'L FEE		OR	ADD'L FEE	
•	" If the "Highest N If the "Highest N	umber Previousi	r Paid For	IN THIS SE	PACE is	less than 20, e	nter	'20".				

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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